

Boston, MA. 02241-3814

Make check payable to: "Commonwealth of Massachusetts"

The Commonwealth of Massachusetts Department of Public Safety

	Elevator	Inspection	Division
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Phone (617) 727-3200 Fax 617-248-0813

Form DPS-EIV-F 5-12-04	
Office Use Only	

	Apı	olication for Ove	ertime Ele	evator Te	st of Fire Sa	afety Devices	s at Night		
Loca	tion name		Addı				ity, state zip		
Own	er / Lessee		Addı	ress		Ci	ity, state zip		
Eleva	ator Co.		Addı	ress		Ci	ity, state zip		
elevat inspec tests.	ors at this loctions 1 month All units shou	cation should be insp in advance. On the da	pected during ate of inspecti ade ready to	g this visit. ion please ha avoid issuar	The Department ve the appropria ace of work orde	nt of Public Safe ate personnel on ers. Please comp	on process more efficient, all ety will confirm all elevator hand to conduct the required elete the entire form to insure		
	State II	Number	Fire	Smoke	Generator	Inspection	Receipt #		
	Number	Floors	Service	Alarms	Test	Fee	(DPS use only)		
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.			1 1 1						
11.									
12.									
12.					Total:				
The elevator units listed above will be scheduled for inspection by the Department of Public Safety. I understand that the elevators to be inspected must be pre-inspected and made ready for the state safety inspection. Elevators inspected and found in non-compliance or unsafe condition will be issued a DPS Work Order. Unsafe Elevators will be shut down pending repair and re-inspection. All levators issued 90 day temporary certificates will be re-inspected 90 days from the annual test date. Failure to be ready for or pass the 90 re-test will result in the elevator being shut down. Elevators shut down must complete a Safety Abatement Inspection pplication to the DPS Elevator department explaining the existing problems with the elevator and why they have not been remedied the department will then consider under what conditions the elevator can be re-inspected and allowed to operate.									
			/	//	☐ Elevato	ors under current	t maintenance contract.		
Signature of the Owner or Authorized Representative Date					☐ Elevato	☐ Elevators have been Pre-Test and made ready.			
Print	below the nam	e of the Owner or Aut	horized Repr	esentative:	Fire Safety	y inspection fee	e per unit - \$400		
Telephone: () Forward each application with the inspection fee to: Department of Public Safety P. O. Box 3814					at Night. N safety tests	This Application if for Annual Fire Safety Inspection at Night. New Installation, Modernizations, Annual safety tests and Repair Permits require a separate application. If the location has more than 12 units			

please enclose an additional application.